

# Section 5 — TOPICAL MODULES

## Part A — CHILD CARE

### CHECK ITEM T1

Is . . . the designated parent or guardian of children under 15 years of age who live in this household?

8000

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T5

### CHECK ITEM T2

Is "Worked" marked on the ISS for . . . ?

8002

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T5

### CHECK ITEM T3

Enter names, ages and person numbers of children under 15, beginning with the youngest.

Ask 1a—1f for youngest child and then repeat for second and third youngest child.

YOUNGEST

SECOND YOUNGEST

THIRD YOUNGEST

Person No.  
8004

Name

Age

Person No.  
8006

Name

Age

Person No.  
8008

Name

Age

**1a. Now we have a few questions about how the children are cared for while . . . works.**

**During** (Last month) **what was** (Name of child) **usually doing or how was** (Name of child) **usually cared for during most of the hours that . . . worked?**

Mark the arrangement in which the child spent the most hours in a typical week.

Mark (X) only one box.

8010

- 1 ☐ Child's other parent/stepparent  
2 ☐ Child's brother/sister 15+  
3 ☐ Child's brother/sister under 15  
4 ☐ Child's grandparent  
5 ☐ Other relative of child  
6 ☐ Nonrelative of child  
7 ☐ Child in day/group care center  
8 ☐ Child in nursery/preschool  
9 ☐ Child in kindergarten, elementary or secondary school  
10 ☐ Child cares for self  
11 ☐ . . . works at home  
12 ☐ . . . cares for child at work  
13 ☐ Child not born as of last month  
14 ☐ . . . did not work last month

SKIP to 1c

SKIP to next child or Check Item T5

SKIP to Check Item T5

8012

- 1 ☐ Child's other parent/stepparent  
2 ☐ Child's brother/sister 15+  
3 ☐ Child's brother/sister under 15  
4 ☐ Child's grandparent  
5 ☐ Other relative of child  
6 ☐ Nonrelative of child  
7 ☐ Child in day/group care center  
8 ☐ Child in nursery/preschool  
9 ☐ Child in kindergarten, elementary or secondary school  
10 ☐ Child cares for self  
11 ☐ . . . works at home  
12 ☐ . . . cares for child at work  
13 ☐ Child not born as of last month

SKIP to 1c

SKIP to next child or Check Item T5

8014

- 1 ☐ Child's other parent/stepparent  
2 ☐ Child's brother/sister 15+  
3 ☐ Child's brother/sister under 15  
4 ☐ Child's grandparent  
5 ☐ Other relative of child  
6 ☐ Nonrelative of child  
7 ☐ Child in day/group care center  
8 ☐ Child in nursery/preschool  
9 ☐ Child in kindergarten, elementary or secondary school  
10 ☐ Child cares for self  
11 ☐ . . . works at home  
12 ☐ . . . cares for child at work  
13 ☐ Child not born as of last month

SKIP to 1c

SKIP to Check Item T5

**b. Where was** (Name of child) **usually cared for under this arrangement?**

8016

- 1 ☐ Child's home  
2 ☐ Other private home  
3 ☐ Other place — Specify

8018

- 1 ☐ Child's home  
2 ☐ Other private home  
3 ☐ Other place — Specify

8020

- 1 ☐ Child's home  
2 ☐ Other private home  
3 ☐ Other place — Specify

**c. Was** (Name of child) **usually cared for this way during all of the hours that . . . worked?**

8022

- 1 ☐ Yes — SKIP to next child or Check Item T4  
2 ☐ No

8024

- 1 ☐ Yes — SKIP to next child or Check Item T4  
2 ☐ No

8026

- 1 ☐ Yes — SKIP to Check Item T4  
2 ☐ No

**d. About how many hours per week was** (Name of child) **usually cared for under this arrangement while . . . was at work?**

8028

Hours

8030

Hours

8032

Hours

## Section 5 – TOPICAL MODULES (Continued)

## Part A – CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<b>1e. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that ... worked?</b>  <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i>  <i>Mark (X) only one box.</i>	<b>8034</b> <input type="checkbox"/> 1 Child's other parent/stepparent <input type="checkbox"/> 2 Child's brother/sister 15 + <input type="checkbox"/> 3 Child's brother/sister under 15 <input type="checkbox"/> 4 Child's grandparent <input type="checkbox"/> 5 Other relative of child <input type="checkbox"/> 6 Nonrelative of child <input type="checkbox"/> 7 Child in day/group care center <input type="checkbox"/> 8 Child in nursery/preschool <input type="checkbox"/> 9 Child in kindergarten, elementary or secondary school <input type="checkbox"/> 10 Child cares for self <input type="checkbox"/> 11 ... works at home <input type="checkbox"/> 12 ... cares for child at work  <i>SKIP to next child or Check Item T4</i>	<b>8036</b> <input type="checkbox"/> 1 Child's other parent/stepparent <input type="checkbox"/> 2 Child's brother/sister 15 + <input type="checkbox"/> 3 Child's brother/sister under 15 <input type="checkbox"/> 4 Child's grandparent <input type="checkbox"/> 5 Other relative of child <input type="checkbox"/> 6 Nonrelative of child <input type="checkbox"/> 7 Child in day/group care center <input type="checkbox"/> 8 Child in nursery/preschool <input type="checkbox"/> 9 Child in kindergarten, elementary or secondary school <input type="checkbox"/> 10 Child cares for self <input type="checkbox"/> 11 ... works at home <input type="checkbox"/> 12 ... cares for child at work  <i>SKIP to next child or Check Item T4</i>	<b>8038</b> <input type="checkbox"/> 1 Child's other parent/stepparent <input type="checkbox"/> 2 Child's brother/sister 15 + <input type="checkbox"/> 3 Child's brother/sister under 15 <input type="checkbox"/> 4 Child's grandparent <input type="checkbox"/> 5 Other relative of child <input type="checkbox"/> 6 Nonrelative of child <input type="checkbox"/> 7 Child in day/group care center <input type="checkbox"/> 8 Child in nursery/preschool <input type="checkbox"/> 9 Child in kindergarten, elementary or secondary school <input type="checkbox"/> 10 Child cares for self <input type="checkbox"/> 11 ... works at home <input type="checkbox"/> 12 ... cares for child at work  <i>SKIP to Check Item T4</i>
<b>f. Where was (Name of child) usually cared for under this other arrangement?</b>	<b>8040</b> <input type="checkbox"/> 1 Child's home <input type="checkbox"/> 2 Other private home <input type="checkbox"/> 3 Other place – <i>Specify</i> _____	<b>8042</b> <input type="checkbox"/> 1 Child's home <input type="checkbox"/> 2 Other private home <input type="checkbox"/> 3 Other place – <i>Specify</i> _____	<b>8044</b> <input type="checkbox"/> 1 Child's home <input type="checkbox"/> 2 Other private home <input type="checkbox"/> 3 Other place – <i>Specify</i> _____
<b>CHECK ITEM T4</b>	Are any of the children cared for by a "Grandparent," "Other relative of child," "Nonrelative of child," "Day/Group Care center," or "Nursery or preschool"? (Codes 4, 5, 6, 7, or 8 marked in 1a or 1e) <b>8046</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to Check Item T5</i>		
<b>2a. Did ... (or ...'s family) usually pay (cash) for any of the child care that ...'s children received?</b> <i>Include cost of preschool and nursery school; exclude cost of kindergarten, elementary or secondary school.</i>	<b>8048</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 2c</i>		
<b>b. In a typical week, how much did ... (or ...'s family) pay for child care (for all children receiving child care)?</b>	<b>8050</b> \$ _____ . 00 Per week		
<b>c. (Besides any cash payment) Did ... pay for any child care through a noncash arrangement such as providing room and board or exchanging child care services?</b>	<b>8052</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		
<b>3. During the month of (last month) did ... (or ...'s spouse) lose any time from work because the person who usually took care of the child (children) was not available?</b>	<b>8054</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		

NOTES

TOPICAL MODULES

# Section 5 — TOPICAL MODULES (Continued)

## Part B — WELFARE HISTORY AND CHILD SUPPORT

<b>CHECK ITEM T5</b>	Is ... 18 years of age or over?	<b>8056</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T12
<b>4a. These next questions are about certain government programs.</b>		
<b>CHECK ITEM T6</b>	Is "Food stamps" (code 27) marked on the ISS?	<b>8058</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a
<b>b. For how long has ... been authorized to receive food stamps?</b>		<b>8060</b> <input type="text"/> <input type="text"/> Years OR <b>8062</b> <input type="text"/> <input type="text"/> Months <b>8064</b> x1 <input type="checkbox"/> DK
<b>c. Besides this period of time, have there been any other times when ... was authorized to receive food stamps?</b>		<b>8066</b> 1 <input type="checkbox"/> Yes — SKIP to 6a 2 <input type="checkbox"/> No — SKIP to Check Item T7
<b>5a. Has ... ever applied for the Federal Government's Food Stamp Program?</b>		<b>8068</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T7
<b>b. Has ... ever been authorized to receive food stamps?</b>		<b>8070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T7
<b>6a. When did ... first start receiving food stamps?</b>		<b>8072</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>8074</b> x1 <input type="checkbox"/> DK
<b>b. For how long did ... receive food stamps that first time?</b>		<b>8076</b> <input type="text"/> <input type="text"/> Years OR <b>8078</b> <input type="text"/> <input type="text"/> Months <b>8080</b> x1 <input type="checkbox"/> DK
<b>c. How many times in all have there been when ... was authorized to receive food stamps?</b>		<b>8082</b> <input type="text"/> <input type="text"/> Times <b>8084</b> x1 <input type="checkbox"/> DK
<b>CHECK ITEM T7</b>	Is ... a designated parent or guardian of children under 18 who live in this household?	<b>8086</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T9
<b>CHECK ITEM T8</b>	Is "AFDC" (code 20) marked on the ISS?	<b>8088</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a
<b>7a. For how long has ... been receiving AFDC (ADC)?</b>		<b>8090</b> <input type="text"/> <input type="text"/> Years OR <b>8092</b> <input type="text"/> <input type="text"/> Months <b>8094</b> x1 <input type="checkbox"/> DK
<b>b. Besides this period of time, have there been any other times when ... received AFDC (ADC)?</b>		<b>8096</b> 1 <input type="checkbox"/> Yes — SKIP to 9a 2 <input type="checkbox"/> No — SKIP to Check Item T9
<b>8a. Has ... ever applied for benefits from the program called AFDC — Aid to Families With Dependent Children (or ADC)?</b>		<b>8098</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T9
<b>b. Has ... ever received AFDC (ADC) benefits?</b>		<b>8100</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T9
<b>9a. When did ... first start receiving AFDC (ADC) benefits?</b>		<b>8102</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>8104</b> x1 <input type="checkbox"/> DK
<b>b. For how long did ... receive AFDC (ADC)?</b>		<b>8106</b> <input type="text"/> <input type="text"/> Years OR <b>8108</b> <input type="text"/> <input type="text"/> Months <b>8110</b> x1 <input type="checkbox"/> DK

## Section 5 — TOPICAL MODULES (Continued)

### Part B — WELFARE HISTORY AND CHILD SUPPORT (Continued)

<b>9C. How many times in all have there been when . . . received AFDC (ADC)?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8112</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> </div> <div style="margin-left: 10px;">Times</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8114</div> <div style="margin-left: 5px;">x1 <input type="checkbox"/> DK</div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T9</div> <b>Is . . . 65 years of age or over?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8116</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes — SKIP to Check Item T11  2 <input type="checkbox"/> No </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T10</div> <b>Is "Disabled" (code 171) marked on the control card or ISS?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8118</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item T12 </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T11</div> <b>Is "SSI" (codes 3 or 4) marked on the ISS?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8120</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to 11a </div> </div>
<b>0. For how long has . . . been receiving SSI benefits?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8122</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> </div> <div style="margin-left: 10px;">Years</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8124</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> </div> <div style="margin-left: 10px;">Months</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8126</div> <div style="margin-left: 5px;">x1 <input type="checkbox"/> DK</div> </div> <div style="margin-left: 20px; font-size: 2em; line-height: 1;">}</div> <div style="margin-left: 10px; text-align: center;"> SKIP to Check Item T12 </div>
<b>1a. Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8128</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item T12 </div> </div>
<b>b. Has . . . ever received SSI benefits?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8130</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item T12 </div> </div>
<b>c. When did . . . first start receiving SSI?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8132</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px; text-align: center;">1</div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px; text-align: center;">9</div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8134</div> <div style="margin-left: 5px;">x1 <input type="checkbox"/> DK</div> </div>
<b>d. For how long did . . . receive SSI?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8136</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> </div> <div style="margin-left: 10px;">Years</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8138</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 2px;"></div> </div> <div style="margin-left: 10px;">Months</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8140</div> <div style="margin-left: 5px;">x1 <input type="checkbox"/> DK</div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T12</div> <b>Is . . . the female parent of children under 21 years of age who live in this household?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8142</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item T16 </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T13</div> <b>Is "Child Support Payments" (code 28) marked on the ISS?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8144</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes — SKIP to 13b  2 <input type="checkbox"/> No </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T14</div> <b>What is . . . 's marital status?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8146</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Married  2 <input type="checkbox"/> Widowed — SKIP to Check Item T16  3 <input type="checkbox"/> Divorced  4 <input type="checkbox"/> Separated  5 <input type="checkbox"/> Never married </div> </div> <div style="margin-left: 20px; font-size: 2em; line-height: 1;">}</div> <div style="margin-left: 10px; text-align: center;"> SKIP to 13a </div>
<b>ASK OR VERIFY —</b> <b>2a. Has . . . ever been divorced?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8148</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item T16 </div> </div>
<b>b. Does . . . have any children living here from a marriage that ended in divorce?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8150</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item T16 </div> </div>
<b>3a. This next question concerns child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8152</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item T15 </div> </div>
<b>b. This next question is about . . . 's (most recent) child support agreement. Was . . . 's child support agreement a voluntary written agreement, a court-ordered agreement, or something else?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8154</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Voluntary written agreement  2 <input type="checkbox"/> Court-ordered agreement  3 <input type="checkbox"/> Other — Specify  <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"></div> </div> </div>
<b>c. How were the payments to be received — were they (Read categories)?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8156</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Directly from the father?  2 <input type="checkbox"/> Through a court?  3 <input type="checkbox"/> Through the welfare agency?  4 <input type="checkbox"/> Some other method? </div> </div>
<b>d. Did the agreement specify joint custody of the children?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8158</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No </div> </div>
<b>ASK OR VERIFY —</b> <b>e. Is . . . still supposed to receive child support payments?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8160</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item T15 </div> </div>

## Section 5 – TOPICAL MODULES (Continued)

### Part B – WELFARE HISTORY AND CHILD SUPPORT (Continued)

**13f.** How regularly are the child support payments received – would you say regularly, occasionally, seldom, or never?

- 8162** 1 ☐ Regularly  
 2 ☐ Occasionally  
 3 ☐ Seldom  
 4 ☐ Never

**g.** What is the total amount that . . . was supposed to have received in child support payments during the past 12 months?

**8164** \$  .  00

OR

**8166** x1 ☐ DK – SKIP to Check Item T15

**h.** What is the total amount that . . . actually received in child support payments during the past 12 months?

**8168** \$  .  00

OR

**8170** x3 ☐ None

OR

**8172** x1 ☐ DK

**CHECK  
ITEM T15**

Is "AFDC" (code 20) marked on the ISS for . . . ?

- 8174** 1 ☐ Yes – SKIP to Check Item T16  
 2 ☐ No

**13i.** Has . . . ever contacted a child support enforcement office for aid in obtaining child support?

- 8176** 1 ☐ Yes  
 2 ☐ No – SKIP to Check Item T16

**j.** Did . . . receive any help from that office?

- 8178** 1 ☐ Yes  
 2 ☐ No – SKIP to Check Item T16

**k.** What type of help did the office provide?

Mark (X) all that apply.

- 8180** 1 ☐ Locate the father  
**8182** 2 ☐ Establish paternity  
**8184** 3 ☐ Establish support obligation  
**8186** 4 ☐ Enforce support order  
**8188** 5 ☐ Obtain collection  
**8190** 6 ☐ Other – Specify \_\_\_\_\_

NOTES

## Section 5 — TOPICAL MODULES (Continued)

### Part C — REASONS FOR NOT WORKING/RESERVATION WAGE

<b>CHECK ITEM T16</b>	Is "Worked" marked on the ISS?	<b>8192</b>	<input type="checkbox"/> Yes — SKIP to Check Item T18 <input type="checkbox"/> No
<b>CHECK ITEM T17</b>	Did . . . spend time looking for work or on layoff from a job? (See item 2a, page 2)	<b>8194</b>	<input type="checkbox"/> Yes — SKIP to 15a <input type="checkbox"/> No — SKIP to Check Item T20, page 53
<b>CHECK ITEM T18</b>	Did . . . work at a job or business either full or part time during EACH of the weeks in this period? (See item 5a, page 2)	<b>8196</b>	<input type="checkbox"/> Yes — SKIP to 18a, page 54 <input type="checkbox"/> No
<b>14.</b>	ASK OR VERIFY — Did . . . work at a job or business (or was . . . on paid leave) during the last week of (last month)?	<b>8198</b>	<input type="checkbox"/> Yes — SKIP to 18a, page 54 <input type="checkbox"/> No
<b>15a.</b>	This next question concerns the last week of (last month). Was . . . on layoff from a job during that week?	<b>8200</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 16a
<b>b.</b>	For how many weeks had . . . been on layoff up until that time?	<b>8202</b>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Weeks x1 <input type="checkbox"/> DK
<b>c.</b>	ASK OR VERIFY — Does . . . now have a job or business?	<b>8204</b>	<input type="checkbox"/> Yes — SKIP to 15f <input type="checkbox"/> No
<b>d.</b>	Does . . . expect to be called back to that job?	<b>8206</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 15f
<b>e.</b>	Does . . . have a specific date to return to work?	<b>8208</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f.</b>	What wage or salary was . . . receiving at the time . . . was laid off that job?  Mark only one.	<b>8210</b>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Per hour OR <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per week OR <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per month OR <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per year x1 <input type="checkbox"/> DK
<b>16a.</b>	ASK OR VERIFY — Did . . . spend any time looking for work during the month of (last month)?	<b>8220</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T20
<b>b.</b>	Was . . . looking for a full-time or part-time job?	<b>8222</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either
<b>c.</b>	Did . . . contact any employers, during (last month) in person, by mail, or by telephone?	<b>8224</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 16e
<b>d.</b>	How many different employers did . . . contact?	<b>8226</b>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Employers } SKIP to Check Item T19 x1 <input type="checkbox"/> DK
<b>e.</b>	What did . . . do during (last month) to find work — did . . . (Read categories) —		
	(1) Check with the unemployment office? . . .	<b>8228</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(2) Check with a private employment agency? .	<b>8230</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(3) Ask friends or relatives? . . . . .	<b>8232</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(4) Anything else? . . . . . Specify ↓	<b>8234</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CHECK ITEM T19</b>	Is . . . a self-respondent?	<b>8236</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 18a, page 54

# Section 5 — TOPICAL MODULES (Continued)

## Part C — REASONS FOR NOT WORKING/RESERVATION WAGE (Continued)

<b>16f. Were you looking for a particular kind of job?</b>	<b>8238</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 16k</i>
<b>g. What kind of job were you looking for?</b>	Code <input type="text"/> <input type="text"/> <input type="text"/> Name of job <input type="text"/> <b>8240</b>
<b>h. Had you done this kind of work before?</b>	<b>8242</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 16j</i>
<b>i. When did you last do this kind of work?</b>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <b>8246</b> <b>8248</b> 1 9 <b>8250</b> x1 <input type="checkbox"/> DK
<b>j. What wage or salary did you expect to receive for this kind of work?</b>	<b>8252</b> \$ <input type="text"/> . <input type="text"/> Per hour OR <b>8254</b> \$ <input type="text"/> . 00 Per week OR <b>8256</b> \$ <input type="text"/> . 00 Per month OR <b>8258</b> \$ <input type="text"/> . 00 Per year <b>8260</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>k. What is the lowest wage or salary you would have accepted (for this kind of work)?</b>	<b>8262</b> \$ <input type="text"/> . <input type="text"/> Per hour OR <b>8264</b> \$ <input type="text"/> . 00 Per week OR <b>8266</b> \$ <input type="text"/> . 00 Per month OR <b>8268</b> \$ <input type="text"/> . 00 Per year <b>8270</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>l. During the time you have been looking for a job did you receive any job offers that you did not take?</b>	<b>8272</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 18a, page 54</i>
<b>m. What is the main reason you did not accept the (most recent) job offer?</b>	<b>8274</b> 1 <input type="checkbox"/> Did not want that kind of work 2 <input type="checkbox"/> Pay too low 3 <input type="checkbox"/> Job too far away 4 <input type="checkbox"/> Lack transportation 5 <input type="checkbox"/> Job was only temporary 6 <input type="checkbox"/> Couldn't arrange child care 7 <input type="checkbox"/> Hours were not satisfactory 8 <input type="checkbox"/> Other job conditions were not satisfactory 9 <input type="checkbox"/> Inadequate benefits 10 <input type="checkbox"/> Other — <i>Specify</i> _____
<b>n. What wage or salary was offered?</b>	<b>8276</b> \$ <input type="text"/> . <input type="text"/> Per hour OR <b>8278</b> \$ <input type="text"/> . 00 Per week OR <b>8280</b> \$ <input type="text"/> . 00 Per month OR <b>8282</b> \$ <input type="text"/> . 00 Per year <b>8284</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

*SKIP to  
18a,  
page 54*

## Section 5 — TOPICAL MODULES (Continued)

### Part C — REASONS FOR NOT WORKING/RESERVATION WAGE (Continued)

<b>CHECK ITEM T20</b>	Is . . . 65 years of age or over?	<b>8286</b>	<input type="checkbox"/> Yes — <i>SKIP to 18a</i> <input type="checkbox"/> No
<b>CHECK ITEM T21</b>	Is "Medicare" (code 172) or "SSI" (Codes 3 or 4) marked on the ISS for . . . ?	<b>8288</b>	<input type="checkbox"/> Yes — <i>SKIP to 18a</i> <input type="checkbox"/> No
<b>17a.</b>	What would you say is the main reason . . . did not look for work during (last month)?	<b>8290</b>	<input type="checkbox"/> Did not want to work <input type="checkbox"/> Ill or disabled <input type="checkbox"/> In school <input type="checkbox"/> Couldn't arrange child care <input type="checkbox"/> No work available in line or area <input type="checkbox"/> Retired <input type="checkbox"/> Family responsibilities <input type="checkbox"/> On layoff, expected to return to work <input type="checkbox"/> Already had a job or business <input type="checkbox"/> Other — <i>Specify</i> _____
<b>CHECK ITEM T22</b>	Is . . . a self-respondent?	<b>8292</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 18a</i>
ASK OR VERIFY —		<b>8294</b>	
<b>17b.</b>	Do you now have a job or business?		<input type="checkbox"/> Yes — <i>SKIP to 18a</i> <input type="checkbox"/> No
<b>C.</b>	This question concerns the likelihood that you will look for work sometime during the next 12 months. Is there a good chance you will look for work, some chance, or little or no chance?	<b>8296</b>	<input type="checkbox"/> Good chance <input type="checkbox"/> Some chance <input type="checkbox"/> Little or no chance — <i>SKIP to 18a</i>
<b>d.</b>	If you do look for work, would you look for a full-time or part-time job?	<b>8298</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either
<b>e.</b>	If you do look for work, will you look for a particular kind of job?	<b>8300</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } <i>SKIP to 17h</i>
<b>f.</b>	What kind of job will you be looking for?	<b>8302</b>	<div style="display: flex; justify-content: space-between;"> <div>Code</div> <div>Name of job</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
<b>g.</b>	What wage or salary do you expect to receive for this kind of work?	<b>8304</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Per hour</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per week</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per month</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per year</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><b>8312</b> x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> </div>
<b>h.</b>	What is the lowest wage or salary you would accept (for this kind of work)?	<b>8314</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Per hour</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per week</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per month</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per year</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><b>8322</b> x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> </div>



# Section 5 – TOPICAL MODULES (Continued)

## Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES

<b>18a.</b> During the past 12 months did . . . make any regular payments for the support of someone who was not living in . . . 's household? Exclude payments for children temporarily away at school. Include alimony or child support payments. Exclude joint payments already recorded.	8324	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T24				
<b>b.</b> Were any of these payments for the support of . . . 's child or children under 21 years of age?	8326	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 18f				
<b>c.</b> For how many children did . . . make support payments?	8328	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Children				
<b>d.</b> How much did . . . pay in child support during the past 12 months?	8330	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 x1 <input type="checkbox"/> DK				
<b>e.</b> During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?	8332	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T24				
<b>f.</b> For how many (other) persons did . . . make support payments?	8334	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Persons				
<b>g.</b> ASK 18g–18i FOR THE FIRST TWO PERSONS MENTIONED. How is this person related to . . . ?	8336	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FIRST PERSON</th> <th style="width: 50%;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <div style="text-align: center;">8338</div> <input type="checkbox"/> Parent  <input type="checkbox"/> Spouse  <input type="checkbox"/> Ex-spouse  <input type="checkbox"/> Child 21 or older  <input type="checkbox"/> Other relative  <input type="checkbox"/> Nonrelated               </td> <td style="vertical-align: top;"> <div style="text-align: center;">8338</div> <input type="checkbox"/> Parent  <input type="checkbox"/> Spouse  <input type="checkbox"/> Ex-spouse  <input type="checkbox"/> Child 21 or older  <input type="checkbox"/> Other relative  <input type="checkbox"/> Nonrelated               </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<div style="text-align: center;">8338</div> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Nonrelated	<div style="text-align: center;">8338</div> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Nonrelated
FIRST PERSON	SECOND PERSON					
<div style="text-align: center;">8338</div> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Nonrelated	<div style="text-align: center;">8338</div> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Nonrelated					
<b>h.</b> Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?	8340	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FIRST PERSON</th> <th style="width: 50%;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <div style="text-align: center;">8340</div> <input type="checkbox"/> Private home or apartment  <input type="checkbox"/> Nursing home  <input type="checkbox"/> Someplace else               </td> <td style="vertical-align: top;"> <div style="text-align: center;">8342</div> <input type="checkbox"/> Private home or apartment  <input type="checkbox"/> Nursing home  <input type="checkbox"/> Someplace else               </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<div style="text-align: center;">8340</div> <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else	<div style="text-align: center;">8342</div> <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else
FIRST PERSON	SECOND PERSON					
<div style="text-align: center;">8340</div> <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else	<div style="text-align: center;">8342</div> <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else					
<b>i.</b> How much did . . . pay for the support of this person during the past 12 months?	8344	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00  <div style="text-align: center;">8348</div> x1 <input type="checkbox"/> DK               </td> <td style="width: 50%; vertical-align: top;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00  <div style="text-align: center;">8350</div> x1 <input type="checkbox"/> DK               </td> </tr> </tbody> </table>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8348</div> x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8350</div> x1 <input type="checkbox"/> DK		
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<b>CHECK ITEM T23</b> Is the entry in 18f "3" or more?	8352	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T24				
<b>18j.</b> How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?	8354	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8356</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.				
<b>CHECK ITEM T24</b> Did . . . work for an employer during the reference period? (Box 1 or 3 marked in item 1a, page 13)	8358	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item M1, page 56				
<b>19a.</b> Not counting commuting costs or expenses an employer pays, did . . . have any work related expenses such as union dues, licenses, permits, special tools, or uniforms on this job?	8360	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">JOB IN SECTION 2, PART A1</th> <th style="width: 50%;">JOB IN SECTION 2, PART A2</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <div style="text-align: center;">8360</div> <input type="checkbox"/> Yes  <input type="checkbox"/> No — SKIP to 19c               </td> <td style="vertical-align: top;"> <div style="text-align: center;">8362</div> <input type="checkbox"/> Yes  <input type="checkbox"/> No — SKIP to 19c               </td> </tr> </tbody> </table>	JOB IN SECTION 2, PART A1	JOB IN SECTION 2, PART A2	<div style="text-align: center;">8360</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 19c	<div style="text-align: center;">8362</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 19c
JOB IN SECTION 2, PART A1	JOB IN SECTION 2, PART A2					
<div style="text-align: center;">8360</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 19c	<div style="text-align: center;">8362</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 19c					
<b>b.</b> How much were . . . 's annual expenses for such items?	8364	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00  <div style="text-align: center;">8364</div> x1 <input type="checkbox"/> DK               </td> <td style="width: 50%; vertical-align: top;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00  <div style="text-align: center;">8368</div> x1 <input type="checkbox"/> DK               </td> </tr> </tbody> </table>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8364</div> x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8368</div> x1 <input type="checkbox"/> DK		
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## Section 5 – TOPICAL MODULES (Continued)

### Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES (Continued)

	JOB IN SECTION 2, PART A1	JOB IN SECTION 2, PART A2
<b>19c.</b> During a typical week, does . . . do some driving in order to get to work?	<b>8368</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19e	<b>8370</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19e
<b>d.</b> How many miles does . . . usually drive to and from work in a typical week?	<b>8372</b> <input type="text"/> <input type="text"/> <input type="text"/> Miles	<b>8374</b> <input type="text"/> <input type="text"/> <input type="text"/> Miles
<b>e.</b> Does . . . have any (other) expenses getting to and from work? Include parking expenses, tolls, bus fares, etc.	<b>8376</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T25	<b>8378</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item M1
<b>f.</b> How much are these (other) expenses in a typical week?	<b>8380</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	<b>8382</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
<b>CHECK ITEM T25</b> Did . . . work for a second employer? (Box 2 or 3 marked in item 1b, page 13)	<b>8384</b> 1 <input type="checkbox"/> Yes – Go to 19a for second employer job 2 <input type="checkbox"/> No – Go to Check Item M1	

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